

Interventional Radiology & Neuroradiology Services

DOCTORS MEDICAL CENTER REFERRAL FORM

Patient Information

Patient Name: _____ Date of Birth: _____

Patient Phone: _____

Ordering Physician: _____

Notes: _____

Examination Request

- Interventional Consultation for: _____
- Dialysis vascular access and maintenance of fistula
- Arterial Study for angioplasty, stent, grafts, thrombolysis
- Vertebral augmentation for compression fractures (Kyphoplasty, Vertebroplasty)
- Biopsy of: _____
- Embolization (uterine fibroid embolization, varicocele, pelvic congestion, aneurysms, etc.)
 - Tumor treatment
 - Chemoembolization
 - Radioembolization
 - Ablation
- Vascular access (ports and lines)
- Transjugular intrahepatic portosystematic shunt (TIPS) procedure for treatment of ascites and variceal bleeding
- TIPS revision
- Urinary tract obstruction/stone management
- Biliary tract obstruction/cancer management
- Pain management (epidurals, pain blocks, and myelogram)
- DVT/PE thrombectomy, Thrombolysis
- Other: _____